

<i><b>Index of Claims</b></i>		Application No.	Applicant(s)				
		09/718,071	HSU ET AL.				
		Examiner Gina C. Yu	Art Unit				
			1617				
<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input checked="" type="checkbox"/>	Non-Elected	<input checked="" type="checkbox"/>	Appeal
<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>	Interference	<input checked="" type="checkbox"/>	Objected
<input type="checkbox"/>	Allowed	<input type="checkbox"/>	Restricted			<input type="checkbox"/>	Objected

Claim	Date
Final	Original
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Claim	Date
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Claim	Date
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